

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

We Vote - Nosotros Votamos - PPAMM Committee

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00527226

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Parise, Joanne, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Parise, Joanne, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		59938.23
(b) Cash on Hand at Beginning of Reporting Period.....	112380.53	
(c) Total Receipts (from Line 19)	34085.68	88085.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	146466.21	148023.91
7. Total Disbursements (from Line 31).....	10600.11	12157.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	135866.10	135866.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7139.83	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

29649.21

83649.21

(ii) Unitemized

3501.00

3501.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

33150.21

87150.21

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

935.47

935.47

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

34085.68

88085.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

34085.68

88085.68

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

34085.68

88085.68

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1515.43	3073.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1515.43	3073.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	9084.68	9084.68
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10600.11	12157.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10600.11	12157.81

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34085.68	88085.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34085.68	88085.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1515.43	3073.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1515.43	3073.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aitken-Young, Katherine, , ,

Mailing Address 2088 Poplar Avenue

City
Redwood City

State
CA

Zip Code
94061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Brynmorgan Group, Inc.

Occupation (for Individual)
Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2016

Transaction ID : INCA307

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allen, Marcia Katzan, , ,

Mailing Address 620 Sand Hill Road, Apt. 318D

City
Palo Alto

State
CA

Zip Code
94304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2016

Transaction ID : IDTA110

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : INCA367IDTA110

Amount of Each Receipt this Period

300.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1300.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA110

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barfknecht, Rebecca, , ,

Mailing Address 503 Oak Grove Avenue

City
Menlo Park

State
CA

Zip Code
94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
08 / 08 / 2016

Transaction ID : INCA309

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Creed, Barbara B., , ,

Mailing Address 1769 Forest View Avenue

City
Hillsborough

State
CA

Zip Code
94010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2016

Transaction ID : INCA349

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crow, George L., , ,

Mailing Address 1 West Edith Avenue, Apt. B115

City
Los Altos

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2016

Transaction ID : INCA343

Amount of Each Receipt this Period

800.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DiBrienza, Jennifer, , ,

Mailing Address 4178 Willmar Drive

City
Palo Alto

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2016

Transaction ID : INCA317

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dodge, Mary, , ,

Mailing Address 65 Linaria

City
Portola Valley

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 31 / 2016

Transaction ID : IDTA99

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

09 / 30 / 2016

Transaction ID : INCA367IDTA99

Amount of Each Receipt this Period

2500.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA99

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Figueroa, Liz, , ,

Mailing Address 35 Martins Beach Road

City

Half Moon Bay

State

CA

Zip Code

94019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood Mar Monte

Occupation (for Individual)

Vice President of Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2016

Transaction ID : INCA359

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fox, Karen F., , ,

Mailing Address 560 Mountain View Avenue

City

Mountain View

State

CA

Zip Code

94041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
08 / 20 / 2016

Transaction ID : IDTA102

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City

San Jose

State

CA

Zip Code

95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : INCA367IDTA102

Amount of Each Receipt this Period

500.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA102

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grove, Eva K., , ,

Mailing Address 171 Main Street, #278

City
Los Altos

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2016

Transaction ID : IDTA106

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : INCA367IDTA106

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hake, Dexter, , ,

Mailing Address 12830 Viscaino Road

City
Los Altos Hills

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : IDTA107

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA106

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : INCA367IDTA107

Amount of Each Receipt this Period

300.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harvey, Birt, , ,

Mailing Address 620 San Hill Road, Apartment 313E

City
Palo Alto

State
CA

Zip Code
94304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2016

Transaction ID : INCA357

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Henderson, Anna W., , ,

Mailing Address 1334 Mills Street

City
Menlo Park

State
CA

Zip Code
94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2016

Transaction ID : IDTA108

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA107

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : INCA367IDTA108

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kenyon, Carol S., , ,

Mailing Address 197 Walter Hays Drive

City

Palo Alto

State
CA

Zip Code
94303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : INCA348

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kniss, Elizabeth H., , ,

Mailing Address 1985 Cowper Street

City

Palo Alto

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
City of Palo Alto

Occupation (for Individual)
Council Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2016

Transaction ID : IDTA111

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA108

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

09 / 30 / 2016

Transaction ID : INCA367IDTA111

Amount of Each Receipt this Period

300.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kremer, Marian, , ,

Mailing Address 15 Cowell Lane

City
Atherton

State
CA

Zip Code
94027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2016

Transaction ID : INCA358

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lurie, Connie, , ,

Mailing Address 181 Selby Lane

City
Atherton

State
CA

Zip Code
94027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2016

Transaction ID : INCA314

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA111

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDonald, Theresa L., , ,

Mailing Address 555 Lowell Avenue

City
Palo Alto

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : IDTA113

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : INCA367IDTA113

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meredith, Kim, , ,

Mailing Address 45 Valley Court

City
Atherton

State
CA

Zip Code
94027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford Center for Philanthropy

Occupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : INCA306

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA113

Conduit for above contribution

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, Sondra Louise, , ,

Mailing Address 2265 Bowdoin Street

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Artist/Social Scientist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2016

Transaction ID : INCA312

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parker, Jill, , ,

Mailing Address 15 Riordan Place

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood Mar Monte, Inc.

Occupation (for Individual)
Director of Institutional Giving

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2016

Transaction ID : INCA342

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phillips, Alma H., , ,

Mailing Address 482 Ferne Avenue

City

Palo Alto

State

CA

Zip Code

5965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 06 / 2016

Transaction ID : INCA347

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Action Fund of the Pacific Southwest

Mailing Address 1075 Camino del Rio South

City
San Diego

State
CA

Zip Code
92108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1089.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : INCA380

Amount of Each Receipt this Period

1089.07

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Planned Parenthood Advocacy Project Los Angeles County

Mailing Address 400 West 30th Street

City
Los Angeles

State
CA

Zip Code
90007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2206.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : INCA378

Amount of Each Receipt this Period

518.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planned Parenthood Advocacy Project Los Angeles County

Mailing Address 400 West 30th Street

City
Los Angeles

State
CA

Zip Code
90007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2206.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2016

Transaction ID : INCA379

Amount of Each Receipt this Period

1687.60

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3295.20

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : INCA380

In-kind contribution; Staff Time & Food for Phonebanking; 9/8 - 9/29

Form/Schedule: SA11AI
Transaction ID: INCA378

In-kind contribution; Staff Time & Food for Phonebanking; 8/22-8/31

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA379

In-kind contribution; Staff Time & Food for Phonebanking; 8/22-8/31

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San JoseState
CAZip Code
95126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2016

Transaction ID : INCA382

Amount of Each Receipt this Period

4272.96

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Planned Parenthood Northern California

Mailing Address P.O. Box 1116

City
ConcordState
CAZip Code
94522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.05

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2016

Transaction ID : INCA383

Amount of Each Receipt this Period

581.05

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramar, Suanne M., , ,

Mailing Address 18600 Blythswood Drive

City
Los GatosState
CAZip Code
95030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nelson CapitalOccupation (for Individual)
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2016

Transaction ID : INCA313

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

5354.01

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA382

In-kind contribution; Staff Time, Travel Expenses Food, Phonebanking & Supplies; 9/1-9/30

Form/Schedule: SA11AI

Transaction ID: INCA383

In-kind contribution; Staff Time & Phonebanking & Supplies; 9/28-9/29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rolfe, Diane, , ,

Mailing Address 1360 Emerson Street

City
Palo AltoState
CAZip Code
94301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : INCA353

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rubin, Nicole, , ,

Mailing Address 14 Buck Meadow Drive

City
Portola ValleyState
CAZip Code
94028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Impact Solutions, LLCOccupation (for Individual)
Founder and Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : INCA345

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sieckert, Shannon N., , ,

Mailing Address 617 Woodside Way, Unit B

City
San MateoState
CAZip Code
94401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Education Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : IDTA118

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : INCA367IDTA118

Amount of Each Receipt this Period

300.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swanson, Michelle, , ,

Mailing Address 76 Reservoir Road

City
Atherton

State
CA

Zip Code
94027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optimal Ventures

Occupation (for Individual)
Partner/Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2016

Transaction ID : IDTA119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planned Parenthood Advocates Mar Monte

Mailing Address 1691 The Alameda

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13173.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2016

Transaction ID : INCA367IDTA119

Amount of Each Receipt this Period

1000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA367IDTA118

Conduit for above contribution

Form/Schedule: SA11AI

Transaction ID: INCA367IDTA119

Conduit for above contribution

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tankha, Kavita, , ,

Mailing Address 11121 Magdalena Road

City
Los Altos

State
CA

Zip Code
94024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : INCA356

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Patricia S., , ,

Mailing Address 3 Wyndham Drive

City
Portola Valley

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood Mar Monte

Occupation (for Individual)
Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : INCA354

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

29649.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 50
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : INCA377

Amount of Each Receipt this Period

935.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

935.47

935.47

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11C

Transaction ID : INCA377

In-kind contribution; Data

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name (Last, First, Middle Initial)

A. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB305

Amount of Each Disbursement this Period

174.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB310

Amount of Each Disbursement this Period

274.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB326

Amount of Each Disbursement this Period

840.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1289.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB308

Amount of Each Disbursement this Period

31.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB318

Amount of Each Disbursement this Period

31.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB364

Amount of Each Disbursement this Period

1.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

63.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB365

Amount of Each Disbursement this Period

37.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 400 Capitol Mall

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB366

Amount of Each Disbursement this Period

81.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

118.52

TOTAL This Period (last page this line number only).....▶

1471.78

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 50

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

We Vote - Nosotros Votamos - PPAMM Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates Mar Monte

Nature of Debt (Purpose):

Fundraising Postage, Event, Supplies and
Printing

Mailing Address 1691 The Alameda

City

San Jose

State

CA

Zip Code

95126

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD361

Amount Incurred This Period

7139.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

7139.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

7139.83

2) **TOTALS** This Period (last page this line number only)..... ►

7139.83

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

7139.83

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund of the Pacific Southwest				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1075 Camino del Rio South				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">490.08</div>	
City San Diego		State CA		Zip Code 92108	
Purpose of Expenditure Staff Time & Food for Phonbanking; 9/8 - 9/29				Category/Type 24E	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4480.11				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund of the Pacific Southwest				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1075 Camino del Rio South				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">490.08</div>	
City San Diego		State CA		Zip Code 92108	
Purpose of Expenditure Staff Time & Food for Phonbanking; 9/8 - 9/29				Category/Type 24E	
Name of Federal Candidate: Masto, Catherine Cortez, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 4604.57				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">980.16</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Parise, Joanne, , ,</u>				Date MM / DD / YYYY 10 / 14 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund of the Pacific Southwest			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1075 Camino del Rio South			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54.46</div>	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDTEALC67 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/8 - 9/29		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Heck, Joe, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4604.57</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund of the Pacific Southwest			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1075 Camino del Rio South			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54.45</div>	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDTEALC69 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/8 - 9/29		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">108.91</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Parise, Joanne, , ,</u>			Date <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
[Electronically Filed]			<div style="display: flex; justify-content: space-around;"> 10 / 14 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>			
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 197.04 </div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC44 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 197.04 </div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC45 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Masto, Catherine Cortez, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4604.57</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">394.08</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Parise, Joanne, , ,</u>		Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]		10 / 14 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 22 / 2016 </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 124.45 </div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC46 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 22 / 2016 </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate: Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4604.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 759.42 </div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC47 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>
Purpose of Expenditure Staff Time & Food for Phonebanking 9/1 - 9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">883.87</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

 Date

 [Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 400 West 30th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">759.42</div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC48 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016	
Purpose of Expenditure Staff Time & Food for Phonebanking 9/1 - 9/30			Category/Type 24E	
Name of Federal Candidate: Masto, Catherine Cortez, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 4604.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 400 West 30th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">84.38</div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC50 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/1 - 9/30			Category/Type 24A	
Name of Federal Candidate: Heck, Joe, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 4604.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">843.80</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Parise, Joanne, , ,</u>			Date MM / DD / YYYY 10 / 14 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>	
Mailing Address 400 West 30th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 84.38 </div>	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDTEALC73 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2016 </div>
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/1 - 9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate: Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 07 / 2016 </div>	
Mailing Address 1691 The Alameda		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1922.83 </div>	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDTEALC57 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 06 / 2016 </div>
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies: 9/7 - 9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2007.21</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Parise, Joanne, , ,</u>		Date MM / DD / YYYY 10 / 14 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee				FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1691 The Alameda			Amount 1922.83 Transaction ID : EDTEALC58 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2016		
City San Jose	State CA	Zip Code 95126			
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies: 9/7 - 9/30			Category/Type 24E		
Name of Federal Candidate: Masto, Catherine Cortez, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1691 The Alameda			Amount 213.65 Transaction ID : EDTEALC61 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
City San Jose	State CA	Zip Code 95126			
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies; 9/7 - 9/30			Category/Type 24A		
Name of Federal Candidate: Heck, Joe, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	2136.48
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Parise, Joanne, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY

10 / 14 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1691 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">213.65</div>	
City San Jose		State CA		Zip Code 95126	
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies; 9/7 - 9/30				Transaction ID : EDTEALC76 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4480.11</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Northern California				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address P.O. Box 1116				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.05</div>	
City Concord		State CA		Zip Code 94522	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/28 - 9/29				Transaction ID : EDTEALC74 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heck, Joe, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4604.57</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">242.70</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Parise, Joanne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				10 / 14 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Northern California				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address P.O. Box 1116				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">261.48</div>	
City Concord		State CA		Zip Code 94522	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/28 - 9/29				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Masto, Catherine Cortez, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">4604.57</div>	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Northern California				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address P.O. Box 1116				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29.05</div>	
City Concord		State CA		Zip Code 94522	
Purpose of Expenditure Staff Time & Phonebanking; 9/28 - 9/29				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate: Trump, Donald, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">4480.11</div>	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">290.53</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Parise, Joanne, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Northern California			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address P.O. Box 1116			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">261.47</div>	
City Concord	State CA	Zip Code 94522	Transaction ID : EDTEALC72 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/28 - 9/29		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4480.11</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Protecting Choice in California, a project of Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 555 Capitol Mall, Suite 1425			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">46.78</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDTEALC78 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Data		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4480.11</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">308.25</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Parise, Joanne, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Protecting Choice in California, a project of Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 555 Capitol Mall, Suite 1425		Amount 46.77	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDTEALC77
Purpose of Expenditure Data		Category/Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate: Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Protecting Choice in California, a project of Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 555 Capitol Mall, Suite 1425		Amount 420.96	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDTEALC79
Purpose of Expenditure Data		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		467.73	
(a) SUBTOTAL of Unitemized Independent Expenditures			
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Parise, Joanne, , , Signature		Date 10 / 14 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00527226 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Protecting Choice in California, a project of Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 555 Capitol Mall, Suite 1425			Amount 420.96	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDTEALC80 Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016	
Purpose of Expenditure Data		Category/Type 24E		
Name of Federal Candidate: Masto, Catherine Cortez, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 4604.57			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: NV <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type 		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: _____ <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			420.96	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			9084.68	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Parise, Joanne, , ,</u>			Date MM / DD / YYYY 10 / 14 / 2016	
[Electronically Filed]				